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(BERC)

OMB No. 0938-0193

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT Medical Assistance Program

State/Territory: Rhode Island

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# WAIVERS OF STATE PLAN PROVISIONS

<u>s</u> t	State: Rhode Island	OFFICIAL									
	Type of Waiver										
	1915(b)(1) - Case Management System 1915(b)(2) - Locality as a Central Broker 1915(b)(3) - Sharing of Cost Savings (through:) Additional Services										
	Elimination of Copayments  [] 1915(b)(4) - Restriction of Freedom of Choice 1915(c) - Thome and Community-Based Services Waiver (n  [] Home and Community-Based Services Waiver (n  [] 1916(a)(3) and/or (b)(3) - Nominality of Copayments										
	Title of Waiver and Brief Description:										
	To provide Home and Community-Based Services to the Frail	Elderly									
	Approval Date: June 30, 1982 Renewal Date(s:)										
	Effective Date: January 1, 1982										
	Specific State Plan Provisions Waived and Corresponding Plan Sec	tion(s:)									
Comparability: 1902(a)(10) 3.1 and Attachment 3.1A											
	<b>Statewideness:</b> 1902(a)(1) 1.3										
	Freedom of Choice:										
	Services: Case Management services, homemaker services, Care services, devices to adapt the home er minor assistive devices.										
	Eligibility: Categorically Needy with income up to the ''C	'AP''									
	Reimbursement Provisions (if different from approved State )	?lan Methodology):									
	Baul										
	Signature of State Medicaid Director										

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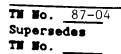
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*1.1-B	Waivers under the Intergovernmental Cooperation Act									
1.2-A	Organization and Function of State Agency									
1.2-B	Organization and Function of Medical Assistance Unit									
1.2-C	Professional Medical and Supporting Staff									
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	<ul> <li>Supplement 2 - Definitions of Blindness and Disability (Territories only)</li> </ul>									
	• Supplement 3 - Method of Determining Cost Effectiveness of Caring for Certain Disabled Children at Home									
*2.6-A	Eligibility Conditions and Requirements (States only)									
	• Supplement 1 - Income Eligibility Levels - Categorically Needy, Medically Needy and Qualified Medicare Beneficiaries									
	• Supplement 2 - Resource Levels - Categorically Needy, Including Groups with Incomes Up to a Percentage of the Federal Poverty Level, Medically Needy, and Other Optional Groups									
	Supplement 3 - Reasonable Limits on Amounts for Necessary     Medical or Remedial Care Not Covered under     Medicaid									
	• Supplement 4 - Section 1902(f) Methodologies for Treatment of Income that Differ from those of the SSI Program									
*Forme	Provided									

## \*Forms Provided

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*	Supplement	6 -	Standards for Optional State Supplementary
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•	Supprement	2 -	Medical or Remedial Care Not Covered under
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\*Forms Provided

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\*Forms Provided

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- \*4.33-A Method for Issuance of Medicaid Eligibility Cards to Homeless Individuals
- 7.2-A Methods of Administration Civil Rights (Title VI)

*Forms	Provided
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